

x-rays are now taken, and if improperly placed, the wires are withdrawn and reintroduced. A Smith-Petersen nail, with a canalized head, is now threaded on to the most appropriately placed wire, and driven into the neck and head of the femur. The three flanges on the pin necessarily prevent rotation of the fragments and are so thin that necrosis of the cancellous bone does not occur. Postoperative fixation in plaster is unnecessary.

Active motion of hip- and knee-joints can be started in a few days, and the patient gotten up on crutches in an incredibly short period of time.

Up to the present time, Smith-Petersen\* has applied his original method of treatment and the Johansson method to seventy unselected patients, their ages varying from ninety-two to fifty years. At the present time firm bony union with good function has been obtained in 70 per cent of cases.

It can be truthfully stated that progress is being made in the treatment of fractures of the neck of the femur.

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### INFANT FEEDING

During the past ten years the undersigned has noted with dismay and trepidation the increasing extent to which the general practitioner is recommending the use of various proprietary foods for the infant. While he has no fault to find with many of these foods, he fears that too many of his colleagues prescribe them without a definite knowledge of their composition or their particular applicability to a given feeding problem.

Under the circumstances, he thinks it is perhaps opportune to again direct attention to certain fundamental qualities that must be considered in the evaluation of any infant food:

1. The food should be palatable.
2. It should be clean: (a) Free from dirt. (b) Free from pathogenic organisms. (c) Reasonably free from nonpathogenic organisms.
3. It should be suited to the digestive tract of the infant.
4. It should contain in ample quantity the important elements necessary for the growth and development.
5. It should not be easily contaminated after delivery for use.
6. It should be within the purchasing power of the consumer.

The doctor, in attempting to select a food for the infant, should possess definite criteria by which he may form some judgment as to the value of any and all foods. In the undersigned's opinion any food that meets the standards above set forth is a suitable food for the infant.

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\* Personal communication to the author (July, 1935).

## ORIGINAL ARTICLES

### SYLVATIC PLAGUE IN CALIFORNIA\*

DISCUSSION OF ITS EXTENT IN THE YEARS  
1934 AND 1935

By K. F. MEYER, Ph.D.

AND

B. EDDIE, M.A..

DISCUSSION by H. E. Hasseltine, M.D., Bristol, Vermont.

IN a previous report<sup>1</sup> certain phases of the plague problem as they affect California have been briefly sketched. Although subsequent developments to be detailed have clearly pushed a number of persistent questions into the foreground and have, in part, changed the outlook, the *B. pestis* infection of wild rodents continues to play the leading rôle in the Pacific States of the Union. Despite a widespread reservoir of rodent disease, only two (possibly three) human cases of plague have been recognized in 1934, and none in 1935. Obviously, the interest must by necessity focus on the disease in the rodents. Without an adequate understanding of this infection, it will be impossible to forecast the future developments and to institute protective measures of value. There is certainly no need to proclaim in sensational statements the prevalence of so-called "bubonic plague" in the West. Such designations convey to the medical and non-medical reader the idea that human plague, "the fearful unknown," has assumed undue proportions. This is decidedly contrary to facts.

The interdependence of rodents to human plague is fully known and amply appreciated. In fact, the various possibilities have been previously mentioned and illustrated by examples chosen from the plague history of California. In order to guide future investigations and to inform those immediately concerned with the various problems, it is deemed appropriate to review the observations made during the past twelve months. Thus, an opportunity may be afforded to outline some of the studies which should be undertaken. The reservoir of plague sustained by fleas is either in the wild rodents or in the rat population. By custom and tradition, the *B. pestis* infection among the domesticated representatives of the rodent family "muridae" is always described as rat plague. On the other hand, a similar malady among the species belonging to families sciuridae, heteromyidae, muridae, caviidae, and jaculidae is known as wild rodent plague, or preferably termed, *sylvatic plague*.<sup>† 2</sup>

\* From the George Williams Hooper Foundation, University of California, San Francisco.

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† This descriptive word first proposed by Jorge as "peste silvaticque" (Off. Int. d'Hyg. Publ. 19: 1287, 1927), or "peste selvaticque" (Off. Int. d'Hyg. Publ. 19: 1271, 1927 and 25: 450, 1933), was then adopted by Stallybrass (The Principles of Epidemiology, London, p. 310, 1931) as "selvatic" plague. According to the Oxford dictionary, the designation sylvatic or silvatic (also selvatick, after the Italian word, "selvatico"), must be given preference over the word, "selvatic," which has priority right.